

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

2014 JUL 14 AM 11:10

Office Use Only

FEDERAL MAIL CENTER  
12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

The Committee to Elect Robert J. Sutherland

ADDRESS (number and street)

P.O. Box 1945

☐ Check if different than previously reported. (ACC)

Granite Falls

WA

98052

2. FEC IDENTIFICATION NUMBER ▼

C00561878

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

CITY ▲ STATE ▲

ZIP CODE ▲ STATE ▼ DISTRICT

WA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
  
☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

04<sup>M</sup> / 01<sup>D</sup> / 2014<sup>Y Y</sup>

through

06<sup>M</sup> / 30<sup>D</sup> / 2014<sup>Y Y</sup>

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Donna M. Sutherland

Signature of Treasurer

*Donna M. Sutherland*

Date

07<sup>M</sup> / 05<sup>D</sup> / 2014<sup>Y Y</sup>

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**FEC FORM 3**  
(Revised 02/2003)